Name in Full | Certificate of Death

Benjamin Aydellott

Died at Near Town Pocomoke County Worcester MARYLAND

Date 1898 Month Oct Day 10 | Age Y. M. D. about 80 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Mrs Sallie Aydellott

Father's Name dont Know | Mother's Name dont Know

Cause of Death: Primary Genearal Debility | How long sick

Immediate 147 | Accident, Suicide, Homicide

Reported by C. F. Hurgis

Address Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner _____

of _____

Attended by Dr. _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full William T. F. Brittingham

Certificate of Death

Died at Town Near Pocomoke County Worcester MARYLAND

Date 189 8 Month Oct Day 28 Age Y. M. D. about 20 Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Wm W. Brittingham Mother's Name Bella Brittingham

Cause of Death Primary Consumption How long sick about 2 mo

Immediate 22a Accident, Suicide, Homicide

Reported by C. F. Hargin

Address Pocomoke Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mrs William Dennis

Certificate of Death

Died at Town Quantico County Wicomico MARYLAND

Date 1895 Month 8 Day 10 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Elisha Holloway

Mother's Name

Cause of Death: Primary 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Salisbury Advertiser

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Isaac Fisher

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 Month Oct Day 24 | Age Y. 25 M. D. | Native of maryland | Occupation farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Maggie Fisher

Father's Name William Fisher | Mother's Name Nancy Fisher

Cause of Death: Primary consumption | How long sick 8 mnts

Immediate | Accident, Suicide, Homicide

220

Reported by Curtis J Evans undertaker

Address Berlin md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 60062

no 3

no. physician in attendance

Name in Full: Mrs Esther Anne Heancock

Certificate of Death

Died at Town: Pocomoke City County: Worcester MARYLAND

Date 1898 Month: 10 Day: 31 Age Y. 69 M. D. Native of: Maryland Occupation: None

Male White Yes Married Widow Yes Divorced

Female Yes Colored Single Widower Number of children living: Two

Husband of Wife

Father's Name: Doris Knowo Mother's Name: Doris Knowo

Cause of Death: Primary Consumption 22 a How long sick: Several years

Immediate Arthritis Accident, Suicide, Homicide

Reported by: J. H. King

Address: Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. J. H. Wing -
Pocomoke City, Md.

Name in Full | Certificate of Death

Julius H. Long

Died at Town: Pownoke city | County: Worcester Co | MARYLAND

Date 1898 Month: Oct Day: 25 | Age Y. M. D.: about 48 | Native of: Md for the last 12 years | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of ——

Father's Name: John D Long | Mother's Name: Sarah C Long

Cause of Death: Primary: Consumption | How long sick: 12 months

Immediate: 22a | Accident, Suicide, Homicide

Reported by: Stevenson & Bro

Address: Pownoke city Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner P C T 40

of No doctor

Attended by Dr.

of

Information contained in this certificate received from Stevenson & Rue

of Parsonsburg Md

Undertakers

Name in Full Kiston C. Mumford

Certificate of Death

Died at Town Snow Hill County Worcester MARYLAND

Date 1898 Month Oct Day 16 Age Y. 1 M. 2 D. Native of Va ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name Geo. C. Mumford

Mother's Name Mamie Mumford

Cause of Death

Primary 42

How long sick One week

Immediate Congestion of brain

~~Accident, Suicide, Homicide~~

Reported by Surbage Conner undertakers

Address Snow Hill Md.

Paul Jones, M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

+ Dr. Paul Jones Snow Hill Dec 21

Name in Full | Certificate of Death

Josiah Townsend

Died at Town: Almshouse County: Worcester MARYLAND

Date 1898 Month: Oct Day: 29 Age Y. M. D.: 72 Native of: Md. ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living: One

Husband ~~Wife~~ of

Father's Name: Thos. Townsend Mother's Name: Margrett Townsend

~~Cause of~~ Death: ~~Primary~~ Immediate: dont-know How long sick: 3 days

161 Accident Suicide Homicide

Reported by: Burbage & Conner Undertakers

Address: Snow Hill ~~Sn~~ Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

No Physician